



Douglas County, Nebraska
EMPLOYEE INFORMATION CHANGE FORM

Employee Last Name: _____ First Name: _____ MI: _____

Employee # (required): _____ Effective Date of Change (i.e. 10/Apr/2011): _____

PLEASE CHECK THE BOX FOR CHANGED ITEM(S) ONLY

☐ Address (street, city, state & zip): _____

☐ Telephone Number (xxx-xxx-xxxx): _____ ☐ Home ☐ Cell

☐ Name Change (record former name here): _____

☐ Change Due To: ☐ Salary ☐ Promotion ☐ Detail Assignment ☐ Transfer ☐ Status

☐ Other (see comments) Comments: _____

☐ Termination: Reason: _____

Eligible for Re-employment in Department (answer required): ☐ Yes ☐ No

If no, why (be specific): _____

☐ Oracle Org. Name (be specific): _____ ☐ Oracle Org. #: _____
(i.e. HLTDEP/ADBUS/ BUS/ Business Administration)

☐ Occupational Code #: _____ Requisition # (if applicable): _____

☐ Job Title: _____

☐ Assignment: ☐ Full-time ☐ Part-time 21 hours or more p/wk ☐ Part-time 20 hrs or less p/wk ☐ Temporary

☐ Pay Rate (do NOT include longevity): \$ _____

☐ Salary Basis: ☐ Hourly ☐ Monthly

☐ Bargaining Unit: _____

LEAVE OF ABSENCE INFORMATION

Leave of Absence Code: ☐ FMLA ☐ Military ☐ Non-FMLA Sick ☐ Educational ☐ Other Leave

Beginning Date: _____ Return Date: _____

APPROVALS

Elected Official/Department Head/Designee Date Human Resources Director/Designee Date

FOR HUMAN RESOURCES ONLY

APPRAISAL DATE (Month/Year): _____

Oracle Entry Date: _____ Initials: _____

CLASSIFICATION DATE (dd/mm/yyyy): _____

LONGEVITY DATE (dd/mm/yyyy): _____

DEPT. SEN. DATE (dd/mm/yyyy): _____

UNION SENIORITY DATE (dd/mm/yyyy): _____